## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

98 NOV 30 AM 9: 18

## DOCUMENT # 1. Name of Limited Partnership A9800000122 MERMELSTEIN FAMILY LIMITED PARTNERSHIP 3. Date Formed or Registered 5a. Capital Contributions as Shown on record. Mailing Address Principal Office Address 12/29/1997 1400 WASHINGTON STREET 1400 WASHINGTON STREET \$0.00 KEY WEST FL 33040 KEY WEST FL 33040 3a. Date of Last Report **5b.** Amount of Capital Contributions in FLORIDA to date: 02/24/1998 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address - 0 --FL. Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For Not Applicable 65-0811065 City & State City & State 7. Certificate of Status Desired \$8.75 Additional Fee Required Zip Country Country de for fee information) 8. Make check payable to: Dept. of State (See reverse 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office MERMELSTEIN. SHELDON Street Address (P.O. Box Number Is Not Acceptable) 1400 WASHINGTON STREET Suite, Apt. #, etc. KEY WEST FL 33040 Zip Code 10a. Pursuant to the provisions of sections 620,1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of section 620,192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment), DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE Address of Each General Partner Registration/ 11c. 11. Name(s) of General Partner(s) 11b. City, State & Zip Code (Do NOT Use Post Office Box Numbers) CR2E003 (8/98) MERMELSTEIN, SHELDON 1400 WASHINGTON STREE KEY WEST FL 33040 MERMELSTEIN, DEBORAH 1400 WASHINGTON STREE KEY WEST FL 33040 000002707770---0 \*\*\*\*141.25 \*\*\*\*141.25 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath, I further certify that I am a General Pertner of the limited partnership, receiver or trustee

empowered to execute this report as regulired by chapter 620, Florida Statutes.

SIGNATURE \_

Typed or Printed Name of General Partner Signing Form

MERMELCTEIN

,Q:

Daytime Telephone Number